

The Honorable Loretta Sanchez

47th Congressional District, California

PRIVACY ACT AUTHORIZATION FORM

Please print full name: _____

Street address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____ Fax: _____

E-Mail Address: _____ Social Security #: _____

Other ID or claim # (if applicable): _____

Pursuant to the Privacy Act of 1974 (5 U.S.C. § 552a), I hereby authorize Representative Loretta Sanchez (CA-47) and her staff to receive and review any information contained in my file and/or forward any correspondence I have sent them.

Signature: _____ Date: _____

Please describe your problem (attach additional pages if necessary):

Please print and return the **original** signed form to:
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